

Commonwealth of Massachusetts
Department of Revenue**STATEMENT OF FINANCIAL CONDITION
FOR BUSINESSES**(If additional space is needed,
attach separate sheet)**SECTION I - BUSINESS IDENTIFICATION**

1. Business Name and Address		2. Mailing Address (If Different From Street Address)			
County					
3. Type of Business		4. Daytime Phone Number		5. Number of Employees	
6. Type of Ownership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____		7. Federal Identification Number (FID)			
		8. Massachusetts Identification Number (If Different than FID)			
9. Beginning Date of Business		10. Ending Date of Business (If Closed)			
11. Latest Filed Mass Corp. Excise Tax Return	Form	Tax Year Ended	Net Income \$		
12. Information About Owner, Partners, Officers, Major Shareholders, etc.					
Name	Social Security Number	Title	Effective Date	Monthly Salary or Wages	Total Shares or Interest
				\$	

SECTION II - ASSETS

13. Cash On Hand			TOTAL (Enter also on Page 3, Item 25-A)		\$
14. Bank Accounts (General Operating, Payroll, Savings, Certificate of Deposit, etc.)					
Name of Institution	Account Number	Type of Account		Balance	
				\$	
TOTAL (Enter also on Page 3, Item 25-B)				\$	
15. Bank Credit Available (Line of Credit, Credit Cards, etc.)					
Name of Issuer	Account Number	Credit Limit	Amount Owed	Credit Available	
		\$	\$	\$	
TOTAL (Enter also on Page 3, Item 25-C)				\$	

SECTION II - ASSETS (continued)

16. Real Property (Including Investment Property, Unimproved Land, etc.)

Description	Address	Current Market Value	Amount Owed	Equity In Property
		\$	\$	\$
TOTAL (Enter also on Page 3, Item 25-D)				\$

17. Vehicles (Excluding Leased Vehicles)

Description	Make	Model	Year	Tag Number	Current Market Value	Amount Owed	Equity In Vehicle
					\$	\$	\$
TOTAL (Enter also on Page 3, Item 25-E)							\$

18. Accounts Receivable

Name	Date Due	Status	Amount Due
			\$
TOTAL (Enter also on Page 3, Item 25-F)			\$

19. Loans From Business To Proprietor, Partners, Officers, Shareholders or Others

Name	Relationship	Payoff Date	Status	Amount Due
				\$
TOTAL (Enter also on Page 3, Item 25-G)				\$

20. Machinery and Equipment (Including Furniture, Fixtures, Business Machines, etc.)

Description	Current Market Value	Amount Owed	Equity In Mach. & Equip.
	\$	\$	\$
TOTAL (Enter also on Page 3, Item 25-H)			\$

21. Merchandise Inventory (Goods Held for Sale and/or Raw Materials Used in Manufacture, Fabrication or Production)

Description	Current Market Value	Amount Owed	Equity In Merchandise
	\$	\$	\$
TOTAL (Enter also on Page 3, Item 25-I)			\$

SECTION II - ASSETS (continued)**22. Securities (Stocks, Bonds, Mutual Funds, Government Securities, Money Market Funds, etc.)**

Type	Issuer	Quantity or Denomination	Current Value
			\$
TOTAL (Enter also on Page 3, Item 25-J)			\$

23. Other Assets

Description	Current or Appraised Value	Description	Current or Appraised Value
Notes Receivable	\$	Patents or Copyrights	\$
Timber, Mineral or Drilling Rights		Others:	
Collectables, Antiques or Artwork			
Judgments or Settlements Receivable			
TOTAL (Enter also on Page 3, Item 25-K)			\$

SECTION III - LIABILITIES**24. Liabilities (Do not include any mortgages or vehicle loans)**

Description	Total Amount Owed	Description	Total Amount Owed
Notes Payable	\$	Past Due Federal Taxes	\$
Loans Payable		Past Due State Taxes	
Vehicle Lease: Make _____ Yr _____		Past Due Other Taxes	
Vehicle Lease: Make _____ Yr _____		Equipment Leases	
Bank Revolving Credit		Other Liabilities:	
Judgments Payable			
TOTAL (Enter also on Page 3, Item 26)			\$

SECTION IV - NET WORTH CALCULATION**25. Assets**

A. Cash On Hand	\$
B. Bank Accounts	
C. Bank Credit Available	
D. Real Property	
E. Vehicles	
F. Accounts/Notes Receivable	
G. Loans From Business to Proprietor, Partners, Officers, Shareholders or Others	
H. Machinery and Equipment	
I. Merchandise Inventory	
J. Securities	
K. Other Assets	
Total Assets	\$
26. Liabilities	\$
27. Net Worth ("Total Assets" Minus "Liabilities")	\$

SECTION V - INCOME & EXPENSE ANALYSIS

28. Business Income and Expenses For: (Check One) ☐ Fiscal Year Ending _____ OR ☐ Period _____ to _____.
 Accounting Method: (Check One) ☐ Cash ☐ Accrual ☐ Other _____

Income	Amount	Expenses	Amount
Gross Receipts From Sales, Services, etc.	\$	Materials Purchased	\$
Gross Rental Income		Net Wages & Salaries	
Interest Income		Rent or Mortgage Expenses	
Dividends & Capital Gain Distribution		Installment & Lease Payments	
Royalty Income		Supplies & Office Expenses	
Commissions		Utilities	
Other Income (Specify)		Transportation Expenses	
		Repairs & Maintenance	
		Insurance	
		Current Taxes	
		Bad Debts	
		Travel & Entertainment	
		Advertising	
		Other Expenses (Specify)	
Total Income	\$	Total Expenses	\$
29. Net Income ("Total Income" Minus "Total Expenses")			\$

SECTION VI - OTHER INFORMATION

30. Is this business currently in filing compliance with all Massachusetts taxes?

☐ Yes ☐ No If "No", identify tax type(s) and period(s): _____

31. Has this business disposed of any assets or property by sale, transfer, exchange, gift, or in any other manner during the past 18 months?

☐ Yes ☐ No If "Yes", receiving party: _____

32. Is a foreclosure proceeding pending on any real estate, equipment or other property that this business owns or has an interest in?

☐ Yes ☐ No

33. Is another party holding any assets on behalf of this business?

☐ Yes ☐ No If "Yes", identify: _____

34. Is this business a party to any lawsuit now pending?

☐ Yes ☐ No

35. Is this business currently under bankruptcy court jurisdiction?

☐ Yes ☐ No If "Yes", Bankruptcy Case No.: _____

I/we have examined this Statement of Financial Condition for Businesses and hereby affirm that to the best of my/our knowledge and belief it is true, correct and complete. I/we understand that failure to answer all questions on this form completely and accurately will result in the rejection of any payment agreement proposal or requested relief.

Taxpayer's Signature _____ Title _____ Date _____

Taxpayer's Signature _____ Title _____ Date _____

POA Signature _____ Date _____

(Attach Power of Attorney - Use Department of Revenue Form M-2848)